

RECEIVED
CENTRAL FAX CENTER

OCT 21 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Serial No. 10/698,730
Filing Date October 31, 2003
Inventor Yulchi Iikubo et al.
Assignee PCBU Services, Inc.
Group Art Unit 1621
Examiner Unknown
Customer No. 021567
Attorney Docket No. PC3-060
Title: Processes for Purifying Chlorofluorinated Compounds

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR § 1.8

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (703) 872-9306 on the date shown below:

1. Certificate of Facsimile Transmission
2. Transmittal Form (PTO/SB/21)
3. Supplemental Information Disclosure Statement
4. Form PTO-1449
5. Copy of PCT cited reference

Dated: October 21, 2004 By: Muriel G. Dunnigan
Muriel G. Dunnigan
Telephone No. (509) 624-4276
Facsimile No. (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 31**FEE DEFICIENCY**

Although it is believed that no fees are due, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper to Deposit Account No. 23-0925.

Dated: 10/21/04 By: Robert C. Hyta
Robert C. Hyta; Reg. No. 46,791
Telephone No. (509) 624-4276

BEST AVAILABLE COPY

OCT 21 2004

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10668,730
	Filing Date	October 31, 2003
	First Named Inventor	Yuichi Ikubo
	Art Unit	1821
	Examiner Name	Unknown
	Attorney Docket Number	PC3-080
Total Number of Pages in This Submission	31	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cert. of Facsimile Transmission Form PTO-1449 Copy of cited PCT reference
Remarks Customer No. 021567 NO FEE IS REQUIRED WITH THIS FILING. However should a fee be determined as owing, please charge such fee to Deposit Account No. 23-0925		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Wells St. John P.S.	
Signature		
Printed name	Robert C. Hyta	
Date	10/21/04	Reg. No. 46,791

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	Muriel G. Dunnigan	
Typed or printed name	Muriel G. Dunnigan	Date October 21, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**RECEIVED
CENTRAL FAX CENTER**

OCT 21 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/698,730
Filing Date October 31, 2003
Inventor Yulchi Iikubo et al.
Assignee PCBU Services, Inc.
Group Art Unit 1621
Examiner Unknown
Customer No. 021567
Attorney's Docket No. PC3-060
Title: Processes for Purifying Chlorofluorinated Compounds

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Reference - See Attached Form PTO-1449

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

By Facsimile 1 (703) 872-9306

From: Robert C. Hyta (Tel. 509-624-4276; Fax 509-838-3424)
Wells St. John P.S.
601 W. First Avenue, Suite 1300
Spokane, WA 99201-3828

Dear Sir:

The Examiner's attention is directed to the reference which is listed on the attached Form PTO-1449 and a copy of which are attached.

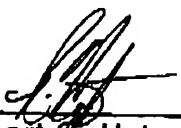
Citation of the referenced art is respectfully requested.

This Supplemental Information Disclosure Statement is being filed before the mailing date of a first Office Action. Therefore, no fee is believed to be required. However, in the event that a fee is required for filing this Supplemental

Information Disclosure Statement, please charge the fee specified under 37
C.F.R. § 1.17 (p) to Deposit Account No. 23-0925.

Respectfully submitted,

Dated: 10/21/04

By: 
Robert C. Hyta
Reg. No. 46,791

Form PTO-1449

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.
PC3-040SERIAL NO.
10693730LIST OF ART CITED BY APPLICANT¹
(Use several sheets if necessary)APPLICANT
Yoshi Kubo et al.FILING DATE
October 31, 2003GROUP
1621

U.S. PATENT DOCUMENTS

*Examiner Initial	Document Number	Date	Name	Class	Subclass	Filing Date If Applicable
	AA					
	AB					
	AC					
	AD					
	AE					
	AF					
	AG					
	AH					
	AI					
	AJ					
	AK					
	AL					

FOREIGN PATENT DOCUMENTS

	Document Number	Date	Country	Class	Subclass	Translation	
						Yes	No
AM	PCT/US02/0720	09/27/2002	PCT-International Preliminary Examination Report				
AN							
AO							
AP							
AQ							

OTHER REFERENCES (including Author, Title, Date, Pertinent Pages, Etc.)

AR		
AS		
AT		

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.